

Currier (A. F.)

puerperal septicaemia

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PUERPERAL SEPTICÆMIA. ABDOMINAL SECTION FOLLOWED BY RECOVERY. ABSCESS IN RIGHT BROAD LIGAMENT.*

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The cases of abscess during the puerperal state, whether the pus be encapsulated or free in the pelvic or abdominal cavity, which have continued long enough to result in general infection are fatal in the majority of cases whether surgical measures are taken to empty the abscess or not. If the entire pelvic and abdominal contents are bathed and infiltrated with pus I can see no legitimate excuse for an abdominal operation; drainage by the vagina might offer a shadow of hope if the condition were clearly made out and a vaginal incision rapidly made. As a rule which will have very few exceptions patients who have reached so advanced a stage of the disease will die whatever treatment be given or withheld. If the purulent and infectious material be encapsulated—that is, extraperitoneal—and can be discharged through a suitable opening, it being premised that the focus of disturbance is connected with the abscess and not with a septic and disorganized uterus, the results of operative treatment are frequently good, and are of course distinctly better as the poisonous influences are less intense and less diffuse. In such cases I have operated successfully by the median incision, by incision in the groin, and by incision in each ischio-rectal fossa.

The case which I am about to narrate is one which shows the occasional benefit of operation in extreme conditions, the general peritoneal cavity being uninvolvèd.

The patient is a tall, dark, slender Irish woman, thirty-two years of age, married six years and residing in Pelhamville, New York. She had a miscarriage soon after marriage (at the fourth month) and has always complained of soreness in the right iliac region since then.

* Read before the New York Academy of Medicine, February 28, 1895.

She has had four children, all her labors having been normal. Her last confinement occurred December 12, 1894, after a very short labor, the child being born before her physician's arrival. The child lived only twelve hours, cause of death not known. Her puerperium progressed normally and on the fourteenth day she was able to be about for two or three hours. On that day, without any particular warning and after no unusual exertion, she began to feel great soreness in the right iliac region, which increased in intensity until late at night, when her physician was summoned and found her almost in collapse. Her pain was allayed with morphia, and the following day a tumor was found in the right iliac fossa which ultimately (the exact time was not noted) enlarged until it reached across the pelvis to the limit of the left iliac fossa. The physician, who was one of the leading physicians in Mount Vernon, called to his aid an eminent fellow-practitioner in the same city, and the diagnosis of haematoma was decided upon. The case was carefully watched and the tumor gradually diminished in size and increased in consistency. On January 29, 1895, the patient had a most violent chill and four days later a second one. After that time she steadily deteriorated, emaciating rapidly, losing strength, and developing diarrhoea. She menstruated normally February 3d to 5th. I was called in consultation February 12th and found her, in addition to the foregoing data, with good appetite and clean tongue, but extremely feeble and excitable, with a scarcely perceptible, thready pulse of 120. Her physician reported that her kidneys were in good condition. The tumor was plainly perceptible through the thin abdominal wall, as large as a small cocoanut in the right iliac fossa, with a prolongation in the median line apparently about three by one and a half inches. My diagnosis was haematoma of the right broad ligament which had degenerated into abscess.

She was brought to New York and I operated Monday, February 18th. She was so weak when placed upon the table that I hesitated some minutes before deciding to operate. She was almost pulseless. A median incision was made as quickly as possible, the peritonæum was found somewhat congested, and the intestines were found firmly adherent to the tumor. It could not be approached from the front and was too high in the pelvis to be reached by the vagina. Another incision was made in the right groin, two inches long, parallel with Poupart's ligament, and the tumor found adherent to the parietes. A trocar and cannula failed to bring out the contents of the tumor as they were too thick to flow readily. They consisted of blood, and thick pus which however was not especially offensive. The opening

in the tumor was enlarged, the contents broken up with the finger and washed out with a stream of hot water, and the cavity packed with two square yards of iodoform gauze (ten per cent.). The patient seemed almost moribund and a rectal enema of hot salt water and hypodermics of strychnia and whisky were given before putting her into bed. This treatment was continued actively in addition to nutrient rectal enemata for the next forty-eight hours. She vomited only once after the operation, and that was shortly after being put into bed, and though she rallied very slowly, and her heart action is still weak, notwithstanding the constant use of whisky, digitalis, and strychnia, still the gain has been steady and constant. Her temperature became normal on the eighth day and has varied very little since. The gauze packing has been removed and the abscess cavity is closing satisfactorily. Whether the abscess originated in a diseased condition of the tube I am unable to say. The condition of the patient at the time of the operation was not favorable for merely exploratory purposes. That a hæmatoma in what appeared to be a sealed cavity should undergo purulent degeneration is contrary to what is usually taught concerning such conditions. It lends a color of probability to the theory that there may be a migration of saprophytic bacteria directly through the intestinal wall and the wall of the hæmatoma to which it had become adherent. This case also disturbs the theory that hæmatoma of the broad ligament does not arise except in connection with ruptured ectopic gestation.

